IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Cl6503 DATE 7/14/97 TAX MAP NO. 4644 81479 PT Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Crescent Resources PHONE: Business 663-6905 Home

ADDRESS P.O. Box 1003

LOCATION Langtree Tr Mecklynn TR West Paces TR Deer Hide Ct

SUBDIVISION Westview BLOCK / SECTION LOT 16 LOT AREA 1.67Acre SITE CLASS. PS DESIGN FLOW 450gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 7@60' Trench Width 36" Max Trench Bottom Depth ~36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Pump - Plastic Chamber

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees

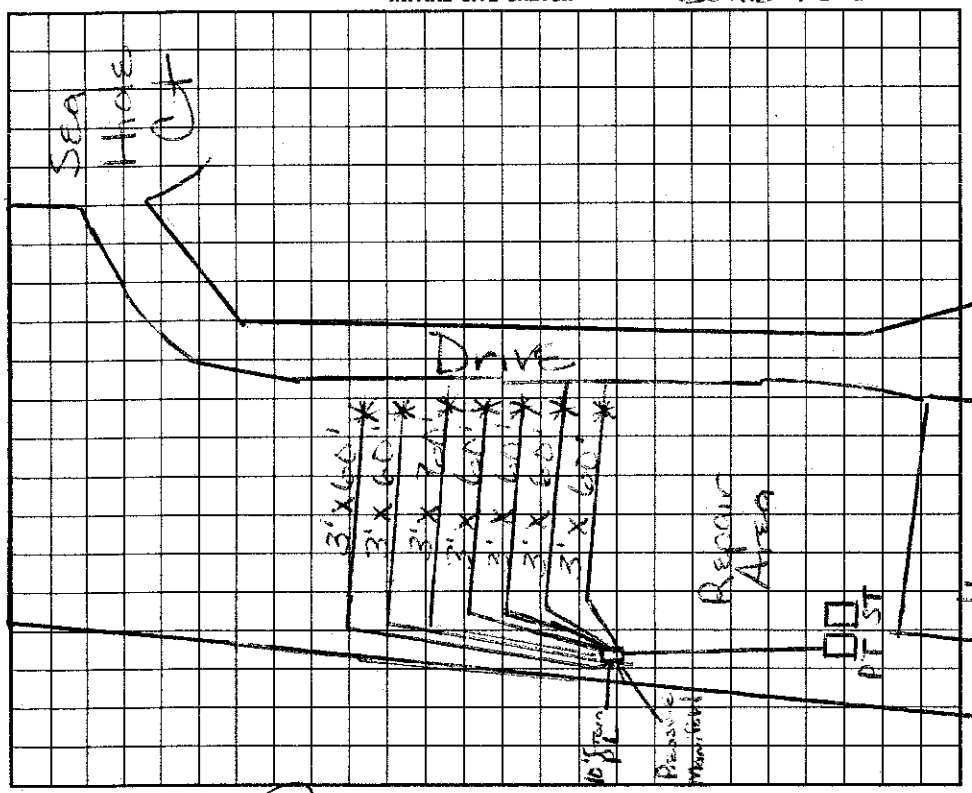
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public

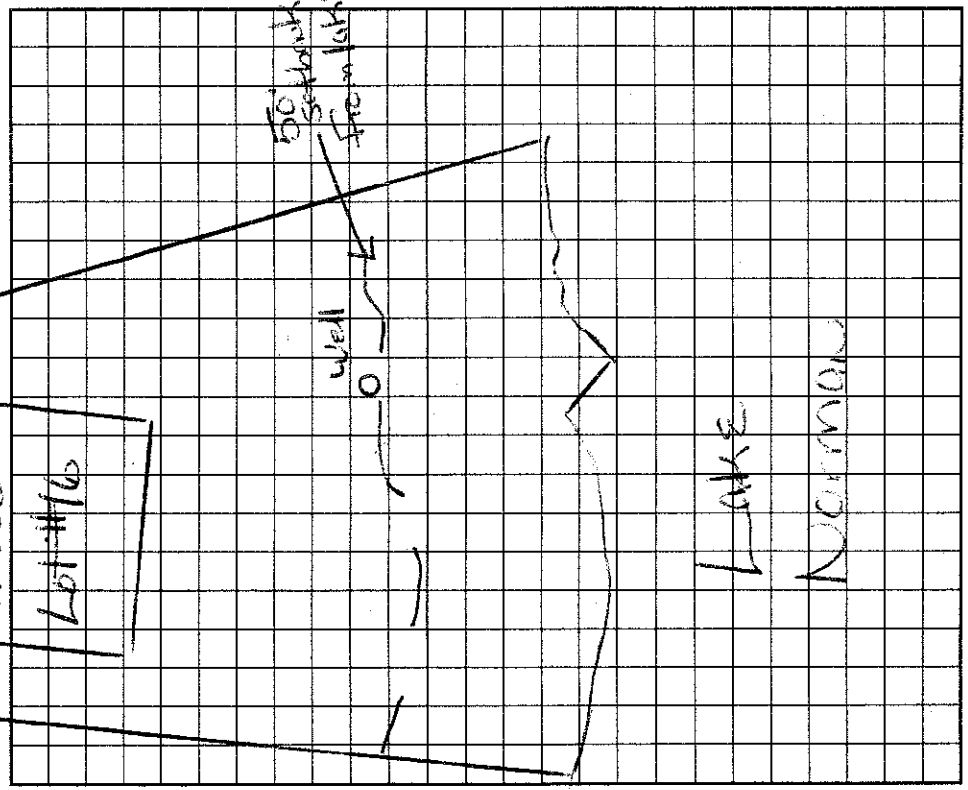
Comments: * Install observation ports near end of each lateral.

Comments:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Tony C. Sparks, Agent 7/15/97

Improvement Permit by: [illegible] date 7/14/97

Existing System Inspection by: date

Installed by:

Certificate of Completion by: date

Operation Permit by: date

Const. HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD